

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013109
STATE FILE NUMBER

APR 28 1959 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Fayette	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital				Length of stay in lb 4 da.		d. STREET ADDRESS (If outside, give location) 303 W. Spring St.	
3. NAME OF DECEASED (Type or print) First ERASTUS Middle PAUL Last PUCKETT				4. DATE OF DEATH Month Apr. Day 6 , Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Apr. 11, 1882	
9. AGE (In years) 76		10. UNDER 1 YEAR II		11. UNDER 24 HRS. 25		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done) College Professor				10b. KIND OF BUSINESS OR INDUSTRY Central College		11. BIRTHPLACE (City and state or country) Summit Co. Alabama	
13a. FATHER'S NAME Erastus Peru Puckett				13b. MOTHER'S MAIDEN NAME Susan Henry		14. NAME OF HUSBAND OR WIFE Anna Pryor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 491-36-7611		17. INFORMANT Mrs E. P. Puckett Address Fayette, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute monocytic leucemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last, } DUE TO (b) _____ DUE TO (c) 2042 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH 9 mos.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from _____ on _____, 1958, to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. J. Shaw M.D.				22b. ADDRESS Fayette Mo.		22c. DATE SIGNED 4-7-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/8/59		23c. NAME OF CEMETERY OR CREMATORY Washington Cemetery		23d. LOCATION (City, town, or county) (State) Glasgow, Missouri	
24. FUNERAL DIRECTOR Ralph A. Carr				ADDRESS Fayette, Mo		25. DATE RECD. BY LOCAL REG. 4-7-59	
				26. REGISTRAR'S SIGNATURE Mary K. Shell			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ralph A. Case*

Licensed Embalmer No. *3340*

P. O. Address *Jayette Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.